DEPARTMENTS OF WEALTH AND FAMILY WELFARE ADMISSION" GOVERNMENT OF WEST BENGAL **BED HEAD TICKET**

Rampurhat Govt. Medical College & Hospital RAMPURHAT (PH:0)

nt's Name :

User Name : ipd1

THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NAMED IN THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NAMED IN THE OWNER, THE OWNER, THE PERSON NAMED IN THE PERSON		the state of the s	
's Name : MR. JAHAR BHA	ATTACHARYA	Sex: Male	Age: Yrs. Months D
Srl. No.:	Admission Date :	Admission Time : Pat	ent Category: PAYING/CABIN/GENE
RHSH/PA19000	58203 [25-07-2019]	[5:39 PM]	Free
RHSH/RG19001 : MMW	45578	Bed No.	Patient Type : QPD/FR
pality / Village : Station : KOLITHA Nalhati West Bengal s for Communication :	Nationality: India	Post Office: District: Religion: DO Birbhum Hindu	PIN : 00000
I Status : 's Name : Single LT. M.L. BHATTA SON	A CHA DVA	Patient's Occupation : lusband's Name : Phone / Mobile No. 00000000000	
/UNIT: / Dr.GAUTAM GI er Referred From : onal Diagnosis :	HOSH		
			Signature of Admitting Office Designation
rial No. :	Diary No. :	Model Carlo Ca	
Specify if it is a cause of accident/ Suicide/Homicide	How injury Occurred	Specify the place of inj Home/Farm Factory / Street / Othe	while at work
S CONTRACTOR OF THE CONTRACTOR	(To be filled in BLOCK LETT)	ERS at the end of Hospital Stay)	
utcome : Discharaged/Left Agai	inst Medical Advice / Absconded / R		*
Hooft4 (in days)		From	to07/25/20
nd Hour of Death		at	Hrs
	erecularious and section includes a constitution of the section of	ere annual un provincio de la monta de la forma de	and a resident control of the contro
or Signature of the Visiting Stafe			gnature of the Doctor with Designat
No	a service .		ean. No.